Heartlands Care Limited

Heartlands Care Limited t/a Lanrick House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Heartlands Care Limited t/a Lanrick House is a care home providing personal care. We were in discussions with the provider about the number of people they were registered to accommodate in Heartlands Care Limited t/a Lanrick House. They were registered for up 32 people. At the time of the inspection there were 20 people living there. The home supported older people, some of the people were living with dementia and/or physical disabilities.

People's experience of using this service and what we found
People were supported to partake in a range of activities and events to support their involvement in the community life of the home. Activities were varied and considered individual preferences, as well as group events. Relatives felt a part of this, even though they were not always able to enter the home at the current time. People had been innovatively supported to keep in touch with their relatives. People were involved in their care and staff were supported to get to know people. People and relatives were able to build positive relationships with staff to ensure they were supported in a personalised way.

People were supported to access information in a way that suited them. People could discuss their end of life wishes if they chose to. Complaints were taken seriously, investigated and responded to.

People felt safe in the home and measures were in place to assess and mitigate risk. People were protected from abuse and concerns were reported when necessary. People were protected from cross infection and government guidance in relation to the COVID-19 pandemic was being followed. People received their medicines as prescribed. Lessons were learned when things had gone wrong. There were enough staff to support people and they were recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were offered choices, including in relation to food and drink which people enjoyed. People had access to a range of health professionals when needed and plans were in place for their health conditions. Staff received training to be effective in their role and felt supported. The home was adapted and suitable for the needs of people living there.

There was a positive culture in the home. People, relatives and staff felt able to approach the registered manager and management team. There were quality assurance systems in place to monitor the quality and safety of the service delivered. The provider also carried out checks and the registered manager felt supported by them. The registered manager was clear about the need for duty of candour and had followed this. The previous rating was being displayed and notifications were submitted as required.

Rating at last inspection and update
The last rating for this service was good overall but requires improvement in well-led (published 15 June

2017). The service has remained rated as good overall. Well-led has improved to good and responsive had improved to outstanding.

Why we inspected
This was a planned inspection based on the previous rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Heartlands Care Limited t/a Lanrick House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Heartlands Care Limited t/a Lanrick House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The local authority did not share any feedback with us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in

this report. We also asked Healthwatch if they had any information to share. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not have any feedback to share. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service. We were able to speak with two relatives on the day of our visit. We spoke with five members of staff including senior carers, care assistants and domestic staff. In addition to this, we also spoke with the registered manager, deputy manager, administrator and the national operations director of the provider. We also spoke with a visiting health professional. We made observations in communal areas to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including audits and accident and incident records were reviewed.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found. We looked at policies and procedures, training records and quality assurance records. We looked at three staff files in relation to recruitment.

We also spoke with three further relatives over the phone to gain their views as we were unable to speak with them during our site visit.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- People had risks associated with their health and well-being assessed and planned for and lessons were learned when things went wrong.
- If incidents had occurred, we saw there were reviews of these and action taken when things had gone wrong. For example, an incident had occurred with people and a staff member and action was taken to protect people.
- Risk assessments were in place for people's dietary requirements, mobility, anxious behaviours and oral health.
- We observed appropriate examples of people being supported to move and staff knowing people's needs and supporting them with these, such as assistance with eating.
- The building was being safely maintained as checks were made by qualified professionals to ensure systems and equipment remained safe.

Systems and processes to safeguard people from the risk of abuse
- People felt safe and were protected from abuse.
- One person said, "I feel safe here, I don't ever have to worry." Another person told us, "Yes, I do feel safe here, they [staff] do look after me."
- A health professional told us, "I don't see anything concerning."
- Staff recognised different types of abuse and understood their responsibility to report concerns if they had them. Staff felt able to report concerns to the management team.
- The registered manager reported concerns to the local safeguarding authority and acted when necessary.

Staffing and recruitment
- There were enough staff available to support people. Our observations and feedback from people, relatives and staff confirmed this.
- One relative said, "I feel there are enough staff, but they are busy." Another relative said, "There's always plenty of staff walking around."
- One staff member told us, "Having time to spend with residents is great, we get to do more than just tasks"
- We observed lunch time was a calm experience for people and they did not have to wait a long time to be served meals. If people became upset throughout the day, we saw staff spend time with them to find out why they were feeling upset and support them.
- Staff were recruited safely. Checks were made on staff members suitability, such as employment history, references and criminal convictions. If there were any queries regarding a staff member's suitability to work in the service, this was explored further to ensure people were kept safe.

Using medicines safely

● Medicines were managed safely, however we made some recommendations regarding the guidance available for 'when required' (also known as PRN) medicines and the recording of fridge temperatures.

● People told us, and we observed people receiving their medicines safely. One person said, "I get my normal tablets and they ask me if I want any others." We observed staff ask permission prior to giving medicines and administering them at each person's own pace.

● People who had 'when required' medicines did not always have enough information in their protocols to help staff identify when they may need their medicines. Despite this, staff involved in administering medicines could describe to us this information. Following our feedback, PRN protocols were updated for people.

● Medicines were stored appropriately; however the minimum and maximum temperature for the medicines fridge was not being recorded so it was not being checked that the medicines had remained stored in a safe temperature range. This was rectified following our feedback.

● Stock levels matched for medicines in comparison with the medicine administration records (MARs) so people were receiving their medicines as prescribed.

Preventing and controlling infection

● People were kept safe from the risk of cross infection.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We discussed with the registered manager the cleaning records being clearer and the use of a shared biscuit box with people putting their hands to choose their biscuits. Practice was changed following our feedback.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
- Staff were trained effectively to ensure people were well supported.
- Staff told us, our observations showed, and records confirmed they had received training. One staff member said, "Training is done online. We get certificates. If training is not done in a certain time, then we can get in trouble."
- Staff had all completed training about extra safety measures during the pandemic, moving and handling, medicines administration (when it was part of their role) and other health condition-specific training.
- Staff also completed the Care Certificate which is a nationally-recognised, standardised learning programme for care staff to ensure they are all trained to a minimum standard.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their decision-specific mental capacity checked
- Staff understood the principles of the MCA and had easy access to information about the MCA. Staff carried a small booklet about different important topics, such as MCA and DoLs. One staff member said, "Everyone is deemed to have capacity unless found otherwise."
- We observed staff giving people choices such as where to spend time, food choices and checked people's consent prior to supporting them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People had access to other health professionals when necessary and plans were in place to support people with their health needs. For example, one person may show physical symptoms if they were becoming unwell. A plan was in place which detailed how these symptoms may appear and action staff should take.

● Relatives were kept up to date with people's conditions and changes in their health. One relative said, "They [staff] always let you know if something happens, no matter how small." Another relative said, "My relative has had chest infections, they [staff] are so on the ball, they got a doctor."

● A health professional we spoke with said, "Referrals are appropriate – they may ask advice about something small."

● Handovers were completed between shifts, so staff knew how people needed to be supported and if there were changes. A staff member said, "We do handovers at the start and end of the day. Senior staff do an entry per person…a summary for handover."

● When people came to live in the home, their needs were assessed to make sure they could be appropriately supported. One relative told us, "They were so quick to respond and to visit my relative to assess and [the registered manager] did that."

Supporting people to eat and drink enough to maintain a balanced diet

● People told us they enjoyed the food and had a choice. One person told us, "I've been here [time period], the food is good." A relative told us, "[Person's name] loves it [the food]. They have Weetabix and full English every day." Another relative said, "[My relative] gets lots of choice at breakfast. Certain meals they enjoy. [My relative] tells staff and they do her a sandwich."

● We observed choices available for people and those who needed support with eating were given this. People were offered drinks and additional snacks regularly throughout the day. People were also offered second helpings of lunch if they wanted.

● If people were not eating their meal, we observed staff prompting them to eat. If a person did not want the meal on offer at lunch time, we observed them being offered alternative options to encourage them to eat.

● People had their risks assessed about food and drink, such as swallowing difficulties or if they were at risk of not eating or drinking enough and plans were put in place. People's weights were monitored to ensure they did not unintentionally lose weight; weight changes were reported and acted upon. One relative told us, "They [staff] monitored my relative's weight. My relative put weight on so had to go up a [clothing] size."

Adapting service, design, decoration to meet people's needs

● The environment was suitable for the people who used the service. There were also plans to improve the garden area.

● People were able to personalise their own rooms, one relative said, "It is a house and it feels like a home. We have sent photos and flowers in [for their] room. [Relative] has got ornaments. [Staff] asked us to bring things." Another relative said, "They are doing the garden up. They have done [my relative's] room out and new carpets."

● We observed people had different rooms and their own personal effects. We were told by the registered manager people were able to choose their own decoration colour scheme in their rooms.

● People had access to a lift so could access all floors of the home. There were multiple communal lounge areas so people could choose where to spend their time.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with dignity and respect.
- Relatives told us they felt people were treated well. One relative said, "Yes [my relative is treated with dignity and respect]. I know as it's the way my relative is with them [staff]. My relative loves them. My relative will stroke them. My relative tells me how they love the staff."
- Another comment from a relative was, "They [staff] treat my relative as a human being. They [staff] are lovely."
- A health professional told us staff were 'extremely' kind and caring towards people.
- People were supported by staff who knew their needs and knew people well. We observed caring interactions between people and staff.
- The home had received positive feedback from reviews on a independent website which confirmed people were well cared for and staff were friendly and professional.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were able to make decisions about their care and their independence was supported.
- For example, one person was supported to continue to take their own medicine, rather than it be administered by staff. Staff gave them their medicine on a weekly basis which they kept in their own room and staff checked on a weekly basis the medicines had been taken.
- Another person had returned from hospital and staff had supported them to regain their mobility and their health condition to improve in order to support their independence.
- People had choices about their environment. One relative said, "They have refurbed the rooms, [my relative] has taken their chair in. My relative chose the wallpaper. My relative loves their room."
- A relative also told us, "Yes, my relative is definitely supported to be independent. My relative is very independent. Such as the clothing, if they make their mind up that's it. They [my relative] dress themselves."
- We were also shown menus in pictorial format to help people make choices at mealtimes.

Outstanding ☆

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● People had been supported to maintain contact with their loved ones, despite restrictions being in place due to the COVID-19 pandemic. Relatives had had periods where they were not able to enter the home to visit due to government guidance in place at the time.

● The home had introduced various innovative methods, as well as following government guidance, in relation to visiting and keeping in touch. There had been regular newsletters and a group on social media so the home could post updates and those part of the private group could see them. One relative said, "[Social media] is great as they [staff] post things on there. It's a good way of seeing what's going on." Other comments included, "Newsletters come through. I get those newsletters monthly or bi-monthly" and, "We get a newsletter and they go over and above for birthdays."

● The home was also using a phone messaging service to send messages and have video calls between people and relatives. One relative said, "[The activity coordinator] messages and calls on the phone messaging service. We do phone to see how my relative is. My relative does like [phone messaging service] as they can see us." Another relative describes the communication as 'fantastic' and said they had been able to call every day.

● There had also been events known in the home as a 'drive-by'. Relatives could visit people in the home by driving through the car park and the person sitting out the front of the home. One relative said, "There have been two drive-passes where my relative is sat outside and we drove passed. We have had window visits."

● In addition to keeping in touch with and updating relatives, there were a variety of activities being enjoyed in the home. One person told us, "I love it here, the carers are nice, I love them to bits. We were dancing yesterday, it was lovely." Another person said, "I like knitting, crochet and I like watching telly. I'm ok here."

● There were regular 'themed' days, such as a 'Mexican Day' or an 'Irish Day' and they would eat food, wear and do activities associated with each theme. Some of these events supported people's cultural beliefs. There were also other activities. One relative said, "It's not a care home where they are left in front of the TV. It's like a family." Another relative commented, "They [staff] all make an effort with activities."

● One relative told us what the themed days included, "A thing they do that I think is amazing is they do different activities with them [people]. They have pizzas, have an 'America Day'. They had an American diner. They had a film night, my relative chose a film and had a cinema room. They had popcorn. They've had an 'Egyptian Day'. A dog visited before COVID. There is always something to do."

● Another relative said, "[Activities coordinator] is brilliant. They have pamper sessions, karaoke, tea parties, scrap books, iced cakes, they do a chair trip to Paris or different countries and dress them appropriately. They have had a sports day. They have had snowball fights with cotton wool and a snow machine. They have film afternoons with popcorn. They [staff] do entertain them. They [people] are always doing

something."
● Relatives told us what a positive impact the activities coordinator has in the home and on people's quality of life. Comments from relatives included; "[Activities coordinator] is very good at their job. It keeps people motivated, they do keep fit and activities. Occasionally they have parties for different times of year, so they seem happy enough."
● A local school had engaged with the home to have pen pal letters between children and the people living in the home, to develop relationships.
● Relatives told us of individual activities for people, as well as group activities. One relative said, "I mentioned my relative liked gardening and planted bulbs, so they [staff] encouraged my relative to have a bit of the garden."
● We observed staff doing one-to-one activities with people, such as a puzzle and the person was encouraged to find pieces themselves. There was reminiscence discussion about clothes people used to wear and dances they would attend. Staff adjusted their conversation to match current goings-on in the home and people's preferences.
● The home also kept a log of compliments received from people and relatives and it evidenced they regularly received positive feedback about the activities, communication and support people received.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People were supported by staff that knew their needs and knew people well. People's preferences were catered for, where possible. One person said "They [staff] help me with washing and help me with clothes if I want them to, but I try myself. I only like [female staff] to help me wash but don't mind [male staff] for other things." A relative said, "They [staff] know my relative, they try and accommodate what they like" and, "They [staff] don't push [my relative]." Another relative commented, "The home is small scale and I think that's what helps. I get to know the staff personally. They know me and I know them."
● Relatives were encouraged to be a part of the home. One relative said, "We feel part of this place, it is [my relative's] home now. There's more here than at home." Another relative commented, "It is the family friendliness of it. It is like a home from home. Everyone is part of that family."
● People were also supported to engage in practicing their religion if they chose to. One relative told us, "My relative likes to go to church and [during COVID] they [staff] got my relative on zoom [for religious services]."
● A health professional told us, "This is one of the better care homes. Staff are always happy to help."
● People had care plans in place detailing their preferences and the home was building up detailed personal life histories of people. Just over half of the people living there had a 'scrap book' in place, that was developed with families. One relative told us, "I did the scrapbook myself and they [staff] said it was good."
● Scrap books contained photographs and information about people's lives so staff could get to know people well and details of some of the activities they had been involved in.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People were supported to communicate and receive information in a way that suited them.
● The provider had an electronic system in place to record people's care plans and daily records. The registered manager said, "Now it is electronic system we can blow font up and download the document and can do large print." They went on to say, "We could [explain the care plan] by one-to-one, sitting down and going through care plan and explain what they are. Staff would explain more simply."
● The registered manager gave us an example of a person who could no longer communicate verbally

anymore; the person was given picture cards to be able to communicate what they wanted. However, the person found this to be demeaning and would throw the cards away. They preferred to communicate by pointing, leading staff to what they needed or facial expressions so staff changed their communication method to their preference. .

● The registered manager also made us aware that they have surveys for people in alternative formats to help them respond.

● People had a key worker assigned to them, so they got to know each other and build a relationship to establish how they best communicated.

Improving care quality in response to complaints or concerns

● Complaints and concerns were investigated and responded to. Relatives felt able to make complaints.

● Comments from relatives included, "I'd have a word with [registered manager]," "I'd go to the home… I've not had to complain," and, "We have been given lots of booklets [about how to complain]. I'd go to the home."

● The home had not received many complaints; however, we were shown an example of a complaint being received and the investigation and response to this was appropriate.

End of life care and support

● No one was receiving end of life care at the time of the inspection. However, people and relatives were given the opportunity to discuss their end of life wishes, if they chose to.

● One relative said, "[Staff member] called us the other day as my relative had said they wanted to be buried instead of cremated. My relative has discussed this with my mom." Another one also told us, "We did it [discussed end of life wishes] at the very beginning as part of my relative's care plan."

● We observed it was recorded in people's care plans what their wishes were, or if they had chosen not to discuss it at the time.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We were in discussions with the provider about the number of people they were registered to accommodate in Heartlands Care Limited t/a Lanrick House. They were registered for up to 32 people however there were 23 bedrooms only. In the past some people had shared bedrooms however this was not the case now. The provider was in the process of re-considering how they would be able to meet people's needs should numbers increase. Any application to change maximum number of people who could live in the home will be assessed as part of CQC's usual processes.
- There was a range of quality assurance systems in place to monitor the quality and safety of the service.
- There was a 'resident of the day' system in place so everyone would receive a regular review of all aspects of their care and support. This also included the deep cleaning of their bedrooms. There were also reviews of people's care plans to ensure they remained up to date and reflective of people's needs.
- The registered manager, or others from the management team, completed regular 'Walk Arounds' the home which were documented and considered the environment any maintenance issues. These were effective as we found the environment to be cleaned and well-maintained.
- Medicines audits were completed weekly and an overall monthly check. The medicines had recently changed to being in individual medicine boxes, rather than in blister packs containing multiple different medicines. In order to manage this change, daily counts had been taking place of medicines to ensure stock levels remained correct in comparison to records. We found stock levels matched, so systems in place had been effective.
- There were checks on the safety of the home, such as food safety, health and safety, fire and infection control audits, in order to keep people safe.
- The provider had introduced additional checks due to the pandemic. The registered manager completed a regular audit regarding COVID-19 to review symptoms, and to check government guidance had been followed about checking people's temperatures twice a day.
- The provider also completed checks on the service, called 'Provider Quality Audits', to ensure the checks made by the home management team were accurate and people were safe and well cared for.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff felt engaged in the service and felt positively about the registered manager and management team at the home and there was continuous learning to improve care.

● Relatives all told us they felt able to approach the registered manager, or management team at the home, if needed. Relatives also felt the home was well run.
● Comments from relatives included, "[Registered manager] is very particular as a manager. They are strict with what they expect of staff… It is a well-run home and a pleasant place to visit," and, "They are well organised."
● Whilst relatives meetings could not take place in the home during the pandemic, a letter had been sent out to update relatives on the safety measures in place to keep people protected from COVID-19.
● Staff felt supported in their roles. Staff had regular supervisions to be able to discuss their job role. One staff member said, "I have supervisions roughly every 6 weeks with my manager. They listen to me and takes on board any suggestions." Another staff member said, "The registered manager has been good, they have supported me… I have supervisions with the registered manager. They are supportive and they would always sort out any issues I had."
● One staff member said, "I do feel supported and I can go to [registered manager] and tell them anything." Another commented, "I am able to go to [registered manager]. They are approachable." Staff feedback also included the registered manager could be forthright with their approach in order to put people's needs first.
● The registered manager felt supported by the provider. They said, "It is marvellous. It's [the provider] like a support network…. I have their [provider's management team] mobile numbers and can call any time."
● An action plan was in place which was updated following audits, to ensure that improvements needed were captured and progress monitored.
● An electronic system had been introduced to record people's care plans, risk assessments and daily records for how they were supported each day. This was used to monitor the service to people.
● There was a monthly analysis of trends relating to accidents or incidents that had occurred.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager understood their responsibility in relation to duty of candour. They said, "Whatever happens here we need to be open and transparent. We need to be clear if we made any errors or mistakes and where we have put things right."
● A relative told us about a time the registered manager had acted with candour following an incident. The relative said, "There was an incident when my relative first came [to live in the home]. [The registered manager] dealt with it and we were satisfied." Another relative also commented, "I always pop my head around the door to speak to [registered manager]. One of the reasons we chose the home was how we were received, how open they were."
● Another relative told us, "I think [registered manager] is amazing. They are straight [with their information]. If my relative had a bad day, [the registered manager] doesn't sugar coat it. They don't hide it and none of the staff do."
● Registered managers and providers must notify the CQC if particular events occur, such as allegations of abuse and serious injuries. The registered manager had notified us of incidents, as necessary.
● The previous inspection rating was being displayed in the home and on the provider's website, as required.

Working in partnership with others
● The registered manager and provider worked in partnership with other organisations. The registered manager told us they had a positive relationship with the GP surgery that supported the home.
● A health professional told us they found the registered manager was proactive in resolving issues, if they arose, but the professional did not feel there were any problems currently.
● The provider explained they were a member of a local care provider network to keep up to date with changes in the sector.